

**APPLICATION/PERMIT FOR USE OF THE  
TWO WHITE FLINT NORTH (TWFN) AUDITORIUM**

Estimated burden per response to comply with this voluntary information collection request: 15 minutes. This information is requested by NRC to determine the acceptability of the user and the scheduling and services needed. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0181), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS:** Please submit with this application a copy, sample, or description of any material or item(s) proposed for distribution or display. Complete the check list of service needs for public-use space on the reverse of this form. Failure to complete this form will result in denial of a permit.  
**IMPORTANT:** If the applicant proposes to represent an organization, a letter or other documentation that the applicant has authority to represent that organization must be submitted with this form.

<b>1. PROPOSED DATE(S)</b>	FROM (MM/DD/YYYY)	HOUR	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	TO (MM/DD/YYYY)	HOUR	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
2. NAME OF APPLICANT (First, Middle Initial, Last)					TELEPHONE NUMBER (Include Area Code)	
ADDRESS (Street, Suite/Apt. No., City, State, ZIP Code)						
3. NAME OF PERSON OR ORGANIZATION SPONSORING, PROMOTING, OR CONDUCTING THE PROPOSED ACTIVITY					TELEPHONE NUMBER (Include Area Code)	
ADDRESS (Street, Suite/Apt. No., City, State, ZIP Code)						
4. NAME OF PERSON(S) WHO WILL SUPERVISE/BE RESPONSIBLE FOR THE PROPOSED ACTIVITY					TELEPHONE NUMBER (Include Area Code)	
ADDRESS (Street, Suite/Apt. No., City, State, ZIP Code)						
5. DESCRIPTION OF PROPOSED ACTIVITY						

**6. CERTIFICATION**

AN APPLICANT PROPOSING TO ENGAGE IN THE SOLICITATION OF FUNDS MUST CHECK ONE OF THE FOLLOWING STATEMENTS:

I CERTIFY THAT:

- ☐ I represent and will be soliciting funds for the sole benefit of a religion or religious group.
- ☐ My organization has received an official Internal Revenue Service (IRS) ruling or letter of determination stating that the organization or its parent organization qualifies for tax-exempt status under 26 U.S.C. 501(c)(3),(c)(4), or (c)(5).
- ☐ My organization has applied to the IRS for a determination of tax-exempt status under 26 U.S.C. 501(c)(3),(c)(4), or (c)(5) and that the IRS has not yet issued a final administrative ruling or determination of such status.

I certify that I am authorized to sign this application on behalf of the named organization. I have read and fully comprehend all fees, rules, and regulations contained in the policies and procedures associated with the use of the Two White Flint North Auditorium. I fully accept liability for any damages that may occur during the scheduled use or any additional charges that may result from the designated use of the auditorium.

SIGNATURE - APPLICANT

DATE

**CHECK LIST OF SERVICE NEEDS FOR PUBLIC-USE SPACE****AUDITORIUM** *(Check items needed)*

- ☐ MICROPHONE
- ☐ PODIUM
- ☐ DIAS CONFIGURATION

**CATERING KITCHEN**WILL FOOD OR DRINK BE SERVED DURING PROGRAM HOURS? ☐ YES ☐ NO

**It is the user's responsibility to assure that the kitchen is clean and in order before leaving the premises.**

**NRC USE ONLY BELOW THIS LINE****SCHEDULE OF HOURLY COSTS FOR SERVICES**

All programs are after NRC normal hours of operation. The following is a schedule of hourly costs for services.

FEE SCHEDULE	FEE	FROM	A.M.	P.M.	TO	A.M.	P.M.	COST
1 HOUR OR FRACTION OF 1 HOUR	\$191							
ADDITIONAL HOURS	\$143							
TOTAL								

**ADMINISTRATIVE REVIEW**

☐ APPROVED ☐ DISAPPROVED

IF DISAPPROVED, REASON FOR DISAPPROVAL

REVIEWING OFFICIAL *(Typed or printed name and title)*

SIGNATURE

DATE

**SECURITY REVIEW**

☐ APPROVED ☐ DISAPPROVED

REVIEWING OFFICIAL *(Typed or printed name and title)*

SIGNATURE

DATE

**PERMIT FOR USE OF THE TWO WHITE FLINT NORTH AUDITORIUM**

BASED UPON ADMINISTRATIVE AND SECURITY REVIEWS, THIS APPLICATION IS

☐ APPROVED☐ DISAPPROVEDREVIEWING OFFICIAL *(Typed or printed name and title)*

SIGNATURE

DATE